



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

BUILDERS RISK RENOVATIONS SUPPLEMENTAL APPLICATION

(Complete in addition to Acord App)

APPLICANT INFORMATION:

NAME: _____	PROPOSED EFF. DATE: FROM: _____ TO: _____
MAILING ADDRESS: _____	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS _____

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, STATE, ZIP CODE	PC	CONSTRUCTION TYPE	SQUARE FOOTAGE	# OF STORIES

DESCRIPTION OF PROJECT BY PREMISE(S)

PRIOR CARRIER INFORMATION

CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER				
TOTAL PREMIUM				

LOSS HISTORY

Enter all claims or occurrences that may give rise to claims for the prior 5 years:
 Check here if none See attached loss summary

Date of Occurrence	Line	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Open/Closed

GENERAL INFORMATION

1. Is Named Insured? <input type="checkbox"/> Owner <input type="checkbox"/> General Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____	
2. Is this a new purchase? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , purchase price of property? _____ Purchase Date: _____	
3. Actual Cash value of existing structure: _____ Market value: _____	
4. Cost of Renovations: _____	
5. Intended Occupancy: _____	
6. Previous Occupancy: _____	
7. Any additions made to existing structures? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , please describe and list the new square footage: _____	
If YES , is the addition <input type="checkbox"/> Vertical or <input type="checkbox"/> Horizontal	



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8. Is any part of the building currently occupied? If YES , describe occupancy _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Estimated Length of project: _____	
10. Has work already started? If YES , on what date? _____ If YES , please describe what work has already started: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Describe security at job site: <input type="checkbox"/> WATCHMAN <input type="checkbox"/> FENCE <input type="checkbox"/> LIGHTING <input type="checkbox"/> Other: _____	
12. Are any buildings currently damaged? If YES , is damage structural? Please describe damage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. If coastal, provide distance to tidal water: _____	
14. Extent of renovation to building. Be specific _____ _____ _____	
15. Any buildings protected by sprinkler systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Will the heat be maintained during the renovation project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is renovation being done on a speculative basis? If YES , has insured built on speculation in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Will there be any structural alterations or work? If YES , please describe in detail: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Any structures subject to demolition? If YES , please describe: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Will any buildings be vacant more than 60 days prior to the beginning of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is work being completed by contractors? If YES , what is the experience & background of general contractor & subcontractors _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do all contractors and subcontractors carry General Liability Coverage of at least \$300,000/\$300,000 in limits?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**